

CITY OF SPRINGFIELD, OHIO
DEPT. OF HUMAN RELATIONS, HOUSING AND NEIGHBORHOOD SERVICES
HOUSING COMPLAINT INFORMATION FORM

File # _____ Date Opened _____

1. NAME _____ HOME PHONE _____
WORK PHONE _____
STREET ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ REFERRED BY _____

2. NAME AND PHONE NUMBER OF CLOSEST FRIEND OR RELATIVE THAT WE MAY CONTACT BETWEEN THE HOURS OF 8:00 A.M. AND 5:00 P.M. SHOULD YOU BE UNABLE TO BE REACHED: _____

3. NAME, ADDRESS, WORK, AND HOME PHONE NUMBER(S) OF THE ORGANIZATION OR PERSON YOUR COMPLAINT IS AGAINST: _____

4. WHAT DID THE PERSON YOU ARE COMPLAINING AGAINST DO? CHECK ALL THAT APPLY AND GIVE THE MOST RECENT DATE THESE ACT(S) OCCURED ON LINE #6.

- _____ Refuse to rent, sell, or deal with you
- _____ Discriminate in the conditions or terms of sale, rental occupancy, or in the services or facilities
- _____ Falsely deny housing was available
- _____ Advertise in a discriminatory way
- _____ Engage in blockbusting
- _____ Discriminate in financing
- _____ Discriminate in broker's services
- _____ Intimidated, interfered or coerced to keep you from the full benefit of the Federal Fair Housing Law
- _____ Other (explain) _____

5. PROVIDE AGE _____ SEX _____ MARITAL STATUS _____ IF IT WILL PROVIDE INFORMATION REGARDING YOUR COMPLAINT.

6. DATE OF OCCURRENCE _____ TIME _____

7. DO YOU BELIEVE THAT YOU WERE DISCRIMINATED AGAINST BECAUSE OF YOUR RACE, COLOR, RELIGION, SEX, HANDICAP, THE PRESENCE OF CHILDREN UNDER 18, A PREGNANT FEMALE IN THE FAMILY, OR YOUR NATIONAL ORIGIN? CHECK ALL THAT APPLY.

- _____ Race _____ Black _____ White _____ Other
- _____ Religion (specify _____)
- _____ Sex _____ Female _____ Male _____
- _____ Handicap _____ Physical _____ Mental
- _____ Familial Status _____ Presence of Children under 18 in family _____ Pregnant female
- _____ National Origin _____ Hispanic _____ American _____ Indian or Alaskan Native
- _____ Asian or Pacific Islander _____ Other (specify) _____

